



05-14-07
IAP6 Rec'd PCT/PTO 10 MAY 2007
EXPRESS MAIL NO. EV934845258US

TRANSMITTAL FORM

(To be used for all correspondence
after initial filing)

Application Number	10/517,133
Filing Date	June 29, 2005
First Named Inventor	Aloys Wobben
Art Unit	3745
Examiner Name	Nathaniel Edward Wiehe
Attorney Docket No.	970054.481USPC

ENCLOSURES (check all that apply)

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input checked="" type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance
Communication to TC |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Request for Corrected Filing
Receipt | <input type="checkbox"/> Appeal Communication to
Board of Appeals and
Interferences |
| <input checked="" type="checkbox"/> Amendment/Response | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to
TC (<i>Appeal Notice, Brief,
Reply Brief</i>) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a
Provisional Application | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney,
Revocation, Change of
Correspondence Address | <input checked="" type="checkbox"/> Return Receipt Postcard |
| <input type="checkbox"/> Express Abandonment
Request | <input type="checkbox"/> Declaration | <input type="checkbox"/> Other Enclosure(s) (<i>please
identify below</i>): |
| <input type="checkbox"/> Information Disclosure
Statement and Transmittal | <input type="checkbox"/> Statement under 37 CFR
3.73(b) | _____ |
| <input type="checkbox"/> Cited References | <input type="checkbox"/> Terminal Disclaimer | _____ |
| <input type="checkbox"/> Certified Copy of Priority
Document(s) | <input type="checkbox"/> Request for Refund | _____ |
| <input type="checkbox"/> Response to Missing Parts
under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> CD, Number
of CD(s) _____ | _____ |
| <input type="checkbox"/> Response to Missing
Parts/Incomplete Application | <input type="checkbox"/> Landscape Table on CD | _____ |

Remarks 1 Sheet of Replacement Drawings (Figs. 1-3)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number	00500
Signature			
Printed Name	David V. Carlson		
Date	May 10, 2007	Reg. No.	31,153

CERTIFICATE OF TRANSMISSION/MAILING

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